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Conceptual history · Nosology · Schizophrenia · Self-disturbance · Core disturbance

Abstract
The conceptual history of schizophrenia is marked by considerable dissent about its nosological status, and the question of whether it represents a distinct disease entity remains hotly debated. Another recurring feature in the conceptual history of schizophrenia is the reference to concepts of self and person. This paper brings in connection these two debates by interrogating the nosological function of "self" and "person" by means of a fictitious dialogue between Eugen Bleuler, the inventor of schizophrenia, and his contemporary Arthur Kronfeld. Introducing their respective accounts of schizophrenia with a special focus on how concepts of self and person figure therein, our analysis suggests that these concepts are primarily employed in an attempt to guarantee the nosological unity of schizophrenia: mediated by the concept of a core disturbance, alterations of the self or the person thus become the essential core of schizophrenia. Yet, rather than providing an easy solution to the nosological problem of the unity of schizophrenia, the concepts of self and person and their assumed disturbances are themselves fraught with debates about unity. We discuss these conceptual challenges in light of present-day nosological debates and the currently abounding research on the self.

Introduction

The conceptual history of schizophrenia is marked by considerable dissent about its nosological status, and the question of whether it represents a distinct disease entity remains hotly debated [1–4]. Another recurring feature in the conceptual history of schizophrenia is the reference to concepts of self and person, and it often seems to be unquestioned that "schizophrenia and other psychotic disorders are… essentially related to self-disturbances" [5] (p. 784). More specifically, self-disturbances are held to be a core feature of schizophrenia's phenomenology [6–9]. Operationalized as thought insertion, thought withdrawal, and thought broadcasting, they figure among the so-called first-rank symptoms of Kurt Schneider [9] and still serve as diagnostic criteria for schizophrenia in ICD-10 [10]. Since the early 2000s, a rise in collaboration between philosophical and empirical inquiries into the self can be observed [11], and specific neurobiological [5,

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12] and neurocognitive [13, 14] correlates of self-disturbances in schizophrenia have been suggested. Also, therapists from diverse theoretical backgrounds have attempted to address alterations of self-experience in psychotherapy [15–19]. Despite this widespread interest and the apparently unanimous agreement about the essential role of self-disturbances in schizophrenia, there is considerable conceptual diversity [11, 20], i.e., what is meant by "self" varies greatly.

Thus, if one considers the self, and schizophrenia as well, as primarily theoretical concepts – and, it seems, rather elusive ones – the question of why and how these two concepts came to be associated becomes pressing. In other words, why and for what purpose was the concept of self invoked in conceptualizations of schizophrenia? Hoping to illuminate these questions, this paper stages a fictitious dialogue[1] between Eugen Bleuler (1857–1939)[2], the inventor of schizophrenia, and Arthur Kronfeld (1886–1941)[3], psychiatric practitioner, theorist, and fervent critic. Proceeding from the close reading of Bleuler's and Kronfeld's central texts on schizophrenia with a special view of how concepts of self and related concepts like person figure therein, this paper provides an exemplary historical and conceptual analysis mapping the development of the conceptual alliance of schizophrenia and self that we still observe today. Bleuler as its inventor is an obvious choice in this investigation into the conceptual history of schizophrenia; his less-known contemporary Kronfeld is a suitable interlocutor with regard to the question of our paper because he is an early proponent of a prominent role for the self in conceptions of schizophrenia and because his work shows a particularly high level of conceptual awareness. The findings are contextualized in light of present-day nosological debates.

Eugen Bleuler and Arthur Kronfeld: A Fictitious Dialogue

Eugen Bleuler's Schizophrenia

Bleuler accepted the disease entity that Kraepelin had described as Dementia praecox, but he disagreed with the ideas of early onset and poor outcome implied in the name. Thus, besides renaming the disease, he rejected course and outcome as dominant nosological principles. This made him turn to the realm of psychology "to search behind the general manifestations for what is specifically schizophrenic" [21] (p. 453). What he found in his clinical and experimental observations was the disturbance of the associations (*Assoziationsstörung*). This disturbance, Bleuler claimed, was present in all cases of schizophrenia and was thus one of its basic symptoms (*Grundsymptom*). Holding it to be directly related to the presumed underlying physical disease process, he also considered it a primary symptom (*Primärsymptom*) [21] (pp. 454–457) [on the principles of Bleuler's nosology, see 25, 26]. The special status of the disturbance of the associations as both basic and primary symptom justifies considering it schizophrenia's core disturbance on Bleuler's account of the disease. While Bleuler highlights this special status, he does not employ the term core disturbance.

In contrast to the disturbance of the associations, disturbances related to the self, the person or personality – terms that Bleuler seems to use interchangeably – only figure under accessory symptoms. This means that Bleuler does not consider them essential for the diagnosis; in other words, he does not think of them as involved in the core disturbance. As he explains in a short paragraph entitled "The Person":

> The patients know who they are, unless delusional ideas falsify the person. Yet the I is never quite intact; it regularly shows a tendency to splits. But in the simpler cases, these disturbances are not marked enough to be easily described. They will therefore be further characterized under the rubric of accessory symptoms [27] (p. 58).

[1] It is unknown whether Eugen Bleuler and Arthur Kronfeld ever met. They exchanged letters in which they discussed materialism and the role of philosophy in psychiatry, yet, in these letters at least, they did not discuss the topics considered in this paper (Bleuler and Kronfeld, unpubl. letters, 1924; Archive of the Psychiatric Hospital, University of Zurich).

[2] Eugen Bleuler was born and raised in the village of Zollikon near Zurich, Switzerland. After graduating in medicine, he started his residential training in psychiatry at the Waldau Hospital in Bern. Study trips took him to Paris to work with Jean-Martin Charcot, to Munich where he trained under Bernhard von Gudden, and to London. He completed his residential training at the University Hospital of Psychiatry in Zurich, known as "Burghölzli," and was appointed director of the mental asylum of Rheinau in 1886. After living with and caring for long-term psychiatric patients in Rheinau for more than 12 years, he returned to Zurich as professor of psychiatry at Burghölzli in 1898 and held this position until his retirement in 1927. His most long-lasting contribution to psychiatry is the introduction of "schizophrenia" in 1908 [21].

[3] Arthur Kronfeld was born in Berlin, Germany, in 1886. After graduating in medicine, he started his residential training in psychiatry in Heidelberg where he met Karl Jaspers. Besides his doctorate in medicine (Heidelberg, 1909), he gained a doctorate in philosophy (Berlin, 1912) and had a life-long friendship with the neo-Kantian philosopher Leonard Nelson. From 1919, he worked at the Berlin Institute of Sexual Medicine and became professor at Charité in 1931. Due to his Jewish descent, he went into exile in Switzerland and then Russia in 1935. At the approach of the German troops, he committed suicide in Moscow in 1941. His most important works are *Die Psychologie in der Psychiatrie* (Psychology in Psychiatry) [22], *Das Wesen der psychiatrischen Erkenntnis* (The Nature of Psychiatric Knowledge) [23], and *Perspektiven der Seelenheilkunde* (Perspectives in Psychiatry) [24], which, to the best of our knowledge, have not been translated into English. All translations are by the first author.

Bleuler continues to use "person," "personality," "I," and "self" side by side, e.g., he describes the "inner effort" a patient has to make in order to "find her own I for a short while" and that the patients have "lost their individual self" [27] (p. 117). One learns that the healthy I is linked to a feeling of activity and that it directs the thoughts [27], yet no definition of the I or of the other concepts is given. Rather, Bleuler presents a collection of phenomena that figure prominently in recent psychopathological accounts of self-disorders [28, 29], e.g., transitivism, an altered awareness of one's body, thought insertion, and loss of one's "boundaries in space and time" [27]. While these phenomena of inner experience are mostly attributed to alterations of the I or the person, changes in or particularities of outward behavior, e.g., a tendency toward reproachfulness in someone who was formerly an agreeable person, are mostly attributed to alterations of personality. The term person is also used in relation to biographical identity[4]. With all concepts, metaphors of disintegration and splitting are used to describe the alterations observed in schizophrenia. While it seems possible on this account to see the I as the origin of associative activity and thereby consider its disturbances at the heart of schizophrenia understood as a disturbance of the associations, Bleuler himself does not establish this link. Alterations of the I, the personality, the person, and the self remain among accessory symptoms, and Bleuler does not assign them an essential role in defining schizophrenia as a distinct nosological entity.

Arthur Kronfeld's Criticism and Alternative

Kronfeld was primarily concerned with the question of how "a general psychiatry as science is possible" [23] (p. 7). His aim was not to borrow methods and principles from neighboring sciences but to establish a specifically psychiatric epistemology and scientific practice. This is what he called an "autologous" psychiatry [23] (p. 8) [30]. Starting from the premise that "the clinical practice of psychiatry is psychologically grounded", he held that "all questions regarding the constitution of mental processes can only be answered by knowing the inner structure of the latter" [23] (pp. 113–114). A nosological entity like schizophrenia, in Kronfeld's view, can therefore only be based on a psychological core disturbance. The latter is gained by "formal reduction of the symptoms' structures" and "in its essence cannot be psychologically deduced" [24] (p. 339).

[4] For a detailed analysis of Bleuler's use of these terms, see also "Bleuler's idea of schizophrenia," an article in preparation by Stephenson et al.

Kronfeld thus sympathizes with Bleuler's general approach when he outlines "the problem of schizophrenia" [24] (p. 324) with the aim of establishing "its inner unity" (ibid.). Yet he criticizes Bleuler's disturbance of the associations for not qualifying as a core disturbance: firstly, he holds that the disturbance of the associations is not specific to schizophrenia but rather "the mark of mental illness in general" [24] (p. 347). Secondly, he argues that Bleuler's psychoanalytic interpretation of schizophrenia disregards the principle that a core disturbance cannot be psychologically deduced. Bleuler quite clearly rebuts the second criticism by distinguishing between the psychodynamic interpretability of secondary symptoms on the one hand and the impossibility to interpret why someone suffers from primary symptoms on the other hand [23, 31]. The first criticism, however, is more difficult to refute on Bleuler's account. While disorders of the associations do not figure prominently in his accounts of other mental illnesses [32], the association experiments he carried out with Carl Gustav Jung (1875–1961) at the Burghölzli Hospital showed alterations of the associations as a general reaction to complex stimulation that can be found in healthy people [33] as well as in hysteria [34], epilepsy, "idiocy" [33], and schizophrenia [27] (pp. 29–31). The specificity to schizophrenia seems to be at most quantitative [27] (p. 31). Granted that despite these shortcomings the disturbance of the associations holds considerate explanatory power with regard to schizophrenic symptoms, Kronfeld's main criticism is that "the advantages are gained at the cost of the unity of the person that has to be sacrificed" [24] (p. 350). In other words, Kronfeld understands Bleuler's disturbance of the associations as a destruction of the unity of the person. This is where he fundamentally disagrees, for the person, on his account, is an inseparable whole [23] (pp. 341–343), [24] (pp. 351–352). Bleuler's description of its disintegration or splitting thus appears untenable. Kronfeld therefore argues that a core disturbance can only grant the unity of the primary symptoms, i.e., the unity of schizophrenia, "by being itself nothing else than the unity of the person of the schizophrenic" [24] (p. 359).

Before attempting to gain an understanding of this somewhat cryptic formulation, let us summarize briefly where we stand with regard to the initial question of this paper: the prominent role of the "person" in Kronfeld's conception of schizophrenia stems from his intention to guarantee schizophrenia's status as a distinct and unified nosological entity. Such a status is challenged, according to his criticism of Bleuler's account, by attempts at psychological deduction, i.e., complete psychodynamic ex-

planation, by the difficulty to identify a core disturbance that is truly specific as well as by the threat of disregarding fundamental features of what it means to be human.

But (how) can Kronfeld's concept of the disturbance that *is* the unity of the person meet these exigencies of a schizophrenic core disturbance? He explains:

> Through intentional orientation, in all its experiences and acts, the subject gains selfhood, i.e., the awareness of its self-identical, persisting subjectivity. This implies awareness of all that belongs to this subjectivity and that demarcates it from the sphere of objects. All intentionality on the other hand is but a function of this personal selfhood in its interaction with the sphere of objects and with itself. When there are primary disturbances of intentionality, this selfhood risks breaking down [24] (p. 359).

One first has to disentangle different terms and it has to be noted that, while conceptually far more developed, Kronfeld's terminology is probably as imprecise as Bleuler's: the fact of being a conscious human being seems to be described by "subject," and "selfhood" seems to be identical to "person." "Person" is also equated with "I" [24] (p. 357). Secondly, the concept of intentionality needs to be introduced: this is less ambiguous as Kronfeld explicitly refers to Edmund Husserl's (1859–1938) work understanding intentionality as the directedness of consciousness, i.e., as the fact that consciousness is always consciousness of something [35]. He also takes up Husserl's thought of the self-directedness or autoreferentiality of consciousness [36] (p. 323) when he writes that selfhood emerges in a subject's intentional experiences and acts. In other words, Kronfeld, in accordance with Husserl, holds self-consciousness to be implied in any act of consciousness because of consciousness' intentional nature. This self-consciousness is what he understands by "selfhood" or "person." As this "person" is dynamically constituted by intentional acts, he can claim that when intentionality is altered the person is equally altered but, so to speak, from within, leaving its unity intact [24] (p. 355). When he says that the "unity of the person of the schizophrenic" is schizophrenia's core disturbance, this can thus be read to mean that the whole person of the schizophrenic is altered and that this whole-person alteration *is* schizophrenia's core disturbance.

Yet what about the statement that "this selfhood risks breaking down" "when there are primary disturbances of intentionality"? Does Kronfeld not fall back into Bleuler's concept of disintegration, split, or loss of unity, i.e., the very concept he set out to overcome because it is irreconcilable with his understanding of person? Also, if the breakdown of selfhood is caused by a disturbance of intentionality, is not the latter the core disturbance of schizophrenia rather than the disturbance of the person? It is thus questionable whether Kronfeld is successful in preserving the unity of the person while holding its disturbance to be schizophrenia's essential and defining core. Yet he has to be credited not only with further developing the concept of self/person but also with problematizing the very notion of self-disturbance by drawing attention to possible conflicts with the concept of self itself, especially the assumption of its fundamental unity.

Discussion

Findings from Bleuler's and Kronfeld's Fictitious Dialogue

In present-day psychiatry, the conceptual alliance of schizophrenia and self (-disturbance) is often taken for granted to the extent that some authors have called it "tautological" [37]. Yet, as our fictitious dialogue between Bleuler and Kronfeld exemplarily shows, this has not always been the case. Bleuler explicitly degraded phenomena that are nowadays considered self-disturbances from any essential, defining status in his conception of schizophrenia, regarding them only as accessory symptoms. He might have lacked the conceptual resources to capture these subtle alterations of experience [27] (p. 58) [6] (p. 1123), but he who was openly skeptical about any philosophical influence on psychiatry [38] might equally have considered concepts of self and person too speculative to warrant any more prominent status. Kronfeld, on the contrary, purposefully borrowed concepts from philosophy and invoked "self" and "person" to ground the status of schizophrenia as a distinct nosological entity [24] (p. 324). This status was a central concern to both authors.

In the following paragraphs, the challenges to the unity of schizophrenia identified by Kronfeld will be discussed in light of present-day debates about the nosological status of schizophrenia and research on the self and its disturbances.

Demarcation from Other Mental Illnesses

A first challenge that Kronfeld identifies is the need to demarcate schizophrenia from other mental illnesses. This is the function a core disturbance has to fulfil on his account. Bleuler's disturbance of the associations does not fulfil this requirement or at most allows a quantitative distinction from other mental illnesses as well as from mental health [27, 33, 34] (pp. 29–31). Following Kronfeld, the view that self-disturbances are specific to schizophrenia and therefore represent a valid core disturbance

gained traction. It was made particularly prominent by Kurt Schneider's (1887–1967) introduction of the first-rank symptoms that include self-disturbances [9, 39]. More recently again, authors whose interest lies in investigating the "clinical core" of schizophrenia [6] have proposed a nuanced account of subtle alterations of self-experience as specific to the schizophrenia spectrum [7, 8]. Empirical studies have shown that these subtle alterations of self-experience discriminate, e.g., between schizophrenia, schizotypy, and other mental disorders [40] as well as between persons at "ultra-high risk" of developing psychosis and healthy controls [41]. At the same time, Schneiderian first-rank symptoms have been deemphasized in the latest revision of the Diagnostic and Statistical Manual DSM [42] for they "have not been found to have diagnostic specificity" [43], while a major review showed high specificity, yet low sensitivity, of first-rank symptoms [44]. In part, these conflicting views on the status and specificity of first-rank symptoms and of self-disorders in particular might stem from differences between Anglo-American and German traditions in psychopathology. But perhaps these conflicting views also point to the more pertinent difficulty of establishing *the* specific core disturbance of schizophrenia, and one should therefore content oneself with studying *a* fundamental disturbance conceding that there may be others [45] (p. 15). First-rank symptoms and self-disturbances might then still serve as a useful clinical tool [46] yet without bearing the burden of being schizophrenia's specific core. Beyond the debate on what qualifies as an adequately specific schizophrenic core disturbance, the view of schizophrenia as a unitary nosological category as such is nowadays increasingly called into question: e.g., it has so far not been possible to identify a common factor structure of schizophrenia symptoms [47]. Furthermore, there is a rising awareness of important communalities between schizophrenia and other conditions like bipolar disorder [48]. Both findings oppose the idea of there being one specific core disturbance and suggest giving up the idea of schizophrenia as a distinct nosological category in favor of a trans-diagnostic approach [49–51].

Demarcation from Mental Health

The second challenge identified by Kronfeld is the demarcation of illness from health. He argues that if schizophrenic symptoms can be explained by the same psychological mechanisms – association, dissociation, and principles borrowed from psychoanalysis according to Bleuler – as the experience of mentally healthy persons, schizophrenia's status as an illness is lost. In Bleuler's and Kronfeld's times, the worry of blurring the line between schizophrenia and mental health was particularly discussed in relation to Ernst Kretschmer's (1888–1964) concept of "schizothymic personality," by which Kretschmer understood a variant of "normal" personality on a continuum with schizophrenia [52]. Since then, much research has shown that weak expressions of psychotic phenomena are common in the general population and that they occur across diagnostic categories [53]. Also specifically with regards to self-disturbances, it has been demonstrated that they are relatively frequent in the general population without, in many cases, causing significant distress [49]. This casts doubt on their capacity to clearly distinguish between "normal" psychology and psychopathology. But is this necessarily a bad thing? As van Os [54] (p. 305) argues: "A 21st century concept of psychotic disorder should refer to an experience that can be understood as a variation of normal human mentation… (or as) an aspect of human mentation and experience that is universal." Bleuler's conception of schizophrenia appears more modern in this respect than Kronfeld's: Clearly he assumes an organic disease process that demarcates schizophrenia from a state of mental health, yet, stressing the meaningfulness and understandability of the schizophrenic experience [55], he smoothens the categorical gap between schizophrenia and mental health.

Fundamental Features of Human Nature and the Unity of the Self

This takes us to the third challenge identified by Kronfeld, namely the risk of disregarding fundamental features of what it means to be human when devising a schizophrenic core disturbance. Kronfeld argues that the person cannot lose its unity, that it cannot split or dissociate. But until the present day, concepts of self and person and their disturbances remain unclear, or diverse, in this respect. Some talk about a self that can be divided into (measurable) subcomponents and hold that in schizophrenia these subcomponents appear disjointed due to a weakening in binding [56]. Others talk about a "minimal self" [57] that is always implicitly given in consciousness, simple and indivisible. Not unlike Kronfeld, proponents of this latter view maintain that schizophrenia is characterized by self-disturbances, but that the "minimal self" is preserved [58, 59]. The unity of the self is thus still debated today. To better understand the nature of these debates, it might be helpful to consider them in light of neo-Kantianism, in particular the Fries-Nelson school to which Kronfeld explicitly adhered. Whereas Kant himself postulated that apriorical elements, e.g., categories, are

necessarily at work *before* any empirical research can be conducted, neo-Kantians like Leonard Nelson held that the Kantian categories, while still considered transcendental, may also be investigated empirically. The resulting tension between different understandings of the term "transcendental" can still be seen in present-day psychopathological debates [60], e.g., with regard to terms like "minimal self" [57] or "transcendental depersonalization" [61] (p. 243).

One might be tempted to consider these disputes mere armchair philosophy, but insofar as they contribute to our understanding of schizophrenia and more broadly to our understanding of our fellow human being they have important nosological, clinical, and ethical implications.

The Conceptual Alliance of Schizophrenia and Self Reconsidered

Bleuler regarded self-disturbances as just one psychopathological feature of schizophrenia among many others. As exemplarily shown by Kronfeld's criticism and alternative account, they only gained a special status in the context of the struggle to ground schizophrenia's status as a distinct and unified nosological category. The conceptual alliance of schizophrenia and self thus depends on the nosological framework.

Against the background of currently debated changes to the established nosological framework – especially the waning tradition of core disturbance [6], the trend towards denosologisation [4, 62, 63] and transdiagnostic thinking [4, 49–51] – it remains to be seen how schizophrenia, the self, and their entrenched conceptual alliance will fare.

Conclusions

Considered across the over 100-year-long history of schizophrenia, the conceptual alliance of schizophrenia and self (-disturbances) appears not as a logical necessity or as an unchangeable given but rather as contingent on the nosological framework as well as possibly on broader sociocultural trends. This brings to the fore the conceptual character of both the self and schizophrenia and cautions not to reify either [3]. However, if one considers schizophrenia and self as heuristic concepts, they can be helpful in structuring the multitude of phenomena we experience and observe, in communicating about them, and in studying them in more depth empirically – not only in schizophrenia but also across mental disorders as well as in mental health.

Disclosure Statement

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